

Exhibit S
Medical File
Inmate Request Slips regarding Plaintiff's fingers

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZ Date _____

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer NURSE GRIFFIN
I NEED SOME PAIN MEDICATION FOR
MY HERNIA, AND ALSO FOR MY
FINGERS BECAUSE THEY ARE BOTH
HURTING, PRETTY BAD.
THANKS FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

5/18/06 Sent
Nurse Griffin

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 05/24/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
 MY FINGERS ARE MESSSED UP, AND THESE
 SPLINTS ARE NOT HELPING. THEY ARE THROBBING
 AND THEY HURT PRETTY BAD. SOMETHING NEEDS
 TO BE DONE TO FIX IT.
 THANKS FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

5/25/06 Splint re-do
 Baddy Tape Done in Matron
 given by Apt. Made
 Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZDate 08/26/06☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☐ Personal Problem☒ Other

Briefly Outline Your Request. Give To Jailer

NURSE STEWART OR GRIFFIN
I NEED SOME MEDICATION FOR PAIN
BECAUSE OF MY FINGERS AND MY
DERMIA.THANKS FOR YOUR TIME IN THIS MATTER

Do Not Write Below This Line - For Reply Only

5/27/06motion given0800 p.m. call
to [signature]

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZ Date 05-27-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART OR GRIFFIN
I HAVE TWO BROKEN FINGERS WRAPPED IN
POPSICLE STICKS, AND MY FINGERS ARE
IN ROBBING, I NEED SOME MOTRIN UNTIL YOU
GET MY FOLLOW UP WITH THE DOCTOR.
THANKS FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

5/28/06 Motrin Sent
Nurse Griffin

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZ Date 05/30/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I NEED SOME MEDICATION FOR MY
FINGERS, AND I NEED FOR MY SPUT
TO BE CHANGED.

THANKS FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

05/30/06 to Moter given
to Slim Jones

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Los Angeles County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 06-1-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I NEED PAIN MEDICATION FOR A COUPLE
OF DAYS FOR MY HERNIA AND FINGER;
BECAUSE THEY HURT REAL BAD.
THANKS FOR YOUR TIME IN THIS MATTER

Do Not Write Below This Line - For Reply Only

6/2/06 sickcall - A'd dressing/splints
to (R) hand/fingers - washed area.
Motrin given for pain.
Nurse GRIFFIN

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff
 Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

51
LOCATION

Name ANTONIO MARTINEZ Date 6/02/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Nurse
GREEN
I need some medication
for ~~my~~ PAIN Because of my
FINGERS AND My Hernia

THANKS for your time in
this matters

Do Not Write Below This Line - For Reply Only

6/4/06 ii TYL Sent. address
your request to Medical
or Nurse but if you put
a particular name it's
personal.

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

S-1
LOCATION

Name ANTONIO MARTINEZ Date 5/6/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I NEED SOME MEDICATION FOR MY
FINGERS, AND I NEED FOR MY
SPUT TO BE CHANGED
THANK FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

6/5/06 Motion 400my given to go pain
now + splints aid.

Nurse S. Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 06-07-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer NURSE STUART
I NEED MY POPSICLE STICKS CHANGED,
MY FINGERS AREN'T BETTER AND I
DONT KNOW WHY I HAVENT BEEN
TO SEE A BONE SPECIALIST, ITS BEEN
OVER A MONTH SINCE THIS HAPPENED
MY FINGERS HURT BAD. I NEED A
COPEY OF THIS. THANKS FOR YOUR TIME
IN THIS MATTER. NEED PAIN MEDICATION

Do Not Write Below This Line - For Reply Only

6/7/06 addressed at Ortho Clinic
Today. Dr. Holler.
Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

21
LOCATION

Name ABONIO MARTINEZ Date 06-08-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

NORSE GRIFFIN

I need some medication
for pain because of my
FINGERS AND MY WERNIA
I need some motrin

Do Not Write Below This Line - For Reply Only

6/8/06 ii Motrin Just

Nurse Stewars

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

LOCATION

Name ANTONIO MARTINEZ Date 6-9-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I need some medication for
my limbs

Do Not Write Below This Line - For Reply Only

6/09/06

1/11 motion given

Gus Shing

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

LOCATION

Name ANTONIO MARTINEZ Date _____

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Need my jaw for
PAIN - HAND

Do Not Write Below This Line - For Reply Only

6/10/06 Motion given
CSEA Nurse GRAFTA

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)